

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/869993**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	/											
2		/					51	/				
3		/					52	/	/			
4		/					53	/				
5		/					54		/			
6		/					55		/	/		
7	/	/					56		/	/		
8		/					57		/	/		
9		/					58	/	/			
10		/					59		/			
11	/	/					60		/	/		
12		/					61		/	/		
13		/					62		/	/		
14		/					63					
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43		/					92					
44		/					93					
45		/					94					
46		/					95					
47		/					96					
48		/					97					
49		/					98					
50		/					99					
TOTAL IND.		↓		↓		↓	TOTAL IND.	13	↓		↓	
TOTAL DEP.							TOTAL DEP.	49				↓
TOTAL CLAIMS							TOTAL CLAIMS	62				

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS